



Independent Peer Review Panel Report

August 2009

Participants

Peer Review Panelists

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Executive Summary

In 2009, King County convened a peer review panel of local health care experts to assess the King County Health Reform Initiative's (HRI) progress to-date in light of the draft Fourth Annual Measurement and Evaluation Report. The panel discussed the HRI's strategies and evaluation methods and identified opportunities to amplify the program's impacts.

The panel brought together the following experts:

- Mike Cochran, Benefits Management Consultant
- Peggy Hannon, Assistant Professor, Health Promotion Research Center, University of Washington
- Dan Newton, Director, Total Health Management, Resolution Health, Inc
- Cindy Watts, Director, Resource Center for Health Policy, University of Washington

The HRI's primary goals are to improve the health of employees and their families, to reduce the county's rate of cost increases for health care, and to increase employee productivity. In order to make progress toward these goals, the HRI designed and implemented a coordinated set of interventions to contain health-related costs, improve quality of health care in our region, and improve health and productivity among King County's employees and their dependents.

Peer Review Panel Findings and Recommendations

Members of the 2009 Independent Peer Review Panel began the discussion with a focus on the results described in the Fourth Annual Measurement and Evaluation report. Key findings included:

The HRI's Results to Date Are Impressive

The HRI is a well-designed and effectively implemented program that is achieving excellent results, not only in relation to progress on the key health indicators and the slowing of cost increases, but also in terms of employee participation.

Employee Risk Profiles Are Improving

The evaluation results indicate that the HRI has helped employees improve their risk profile in 12 out of 14 risk factor categories. This is a particularly significant accomplishment given the county's aging work force; most health care conditions become more expensive to address as people grow older.

Long-term Health Issues Will Take Time to Result in Lower Costs and Utilization

While the HRI program's results have been impressive to-date and show promise in short-term and intermediate measures of health and activity, long-term health issues—such as chronic conditions—will take time to register an impact.

Health Care Costs Are Growing at a Slower Rate

Because health care costs are so large in scale, even small decreases in their rate of growth can result in large reductions in expenditures over time. Therefore, King County's 8.8% increase in health care costs, rather than the 10.8% that was projected, represents a significant accomplishment.

Following its discussion regarding the HRI program's effectiveness, the panelists turned their attention to approaches the staff could take to enhance the initiative as it moves forward. The panel identified the following recommendations:

Regain the Cutting Edge

When the county launched the HRI program in 2004, it was a leader in the field. The industry is now much more sophisticated and offers tested methods for improving employee health and containing health-related costs. In order to gain from the experience of other programs, HRI staff should research the new promising practices that employers are implementing.

Delve Deeper into the Data to Better Target Interventions

In order to continue to make gains in employee and dependent health status and cost containment, the program needs to better understand the characteristics of those people who do not participate in the HRI and the barriers to their participation.

Gain a Better Understanding of Dependents

The HRI needs more sophisticated information about dependents' health status and their health care utilization, as well as their contribution to the county's costs. More information about dependents' actions and issues would help the HRI better tailor its outreach to this group.

Create Incentives for Addressing Chronic Conditions

Employers in the forefront of best practice employee health initiatives are implementing value-based insurance designs that actively reward members who adhere to recommended treatment plans for chronic conditions. King County should consider adopting this type of approach.

Research Integrated Approaches to Health-related Benefits and Services

King County is only dealing with the tip of the iceberg by not taking an integrated approach to its health care and disability management programs. The state-of-the-art among employers now calls for integrating short- and long-term disability, health promotion, health insurance, sick leave, and absenteeism efforts in an integrated system of services and data tracking.

Create Collaborative Opportunities for Vendors

The HRI contracts with multiple vendors to deliver its health interventions. There are likely opportunities to increase the HRI's effectiveness by bringing the individual vendors together to build collaborative interventions.

Strengthen the Policy Framework

The county needs to develop a clearer policy commitment to support improved employee and dependent health. Without this policy commitment, it can be difficult for the HRI to surmount reluctance among individual managers to implement workplace improvements that support employee health and to address roadblocks in implementation.

Overall, the peer review panel concluded that it was impressed with the HRI's success, including its improvements in health indicators and cost trends and its high participation rates. Panelists encouraged the county to build on its strong foundations and leverage its investment to create an even stronger program that equals those of cutting-edge employers throughout the country.

Building capacity for more sophisticated data analyses will help the HRI to move to the next level. With a more nuanced understanding of its impact on different populations, the HRI will be able to respond with increasingly sophisticated outreach and engagement messages, incentives for participation, and health promotion and disease management interventions.

This commitment to improving the HRI, along with the ability to measure its impact, will position the county to make continued progress toward meeting its goals of improved employee health and a slower increase in its health-related costs.



Background

King County launched the Health Reform Initiative in 2004 to achieve two goals—to improve the health of employees and their families, and to reduce the county’s rate of cost increase for health care. The HRI added a third goal in 2007—to determine whether employee productivity increased as a result of improvements in health. In order to make progress toward these goals, the HRI designed and implemented a coordinated set of demand-side and supply-side interventions.

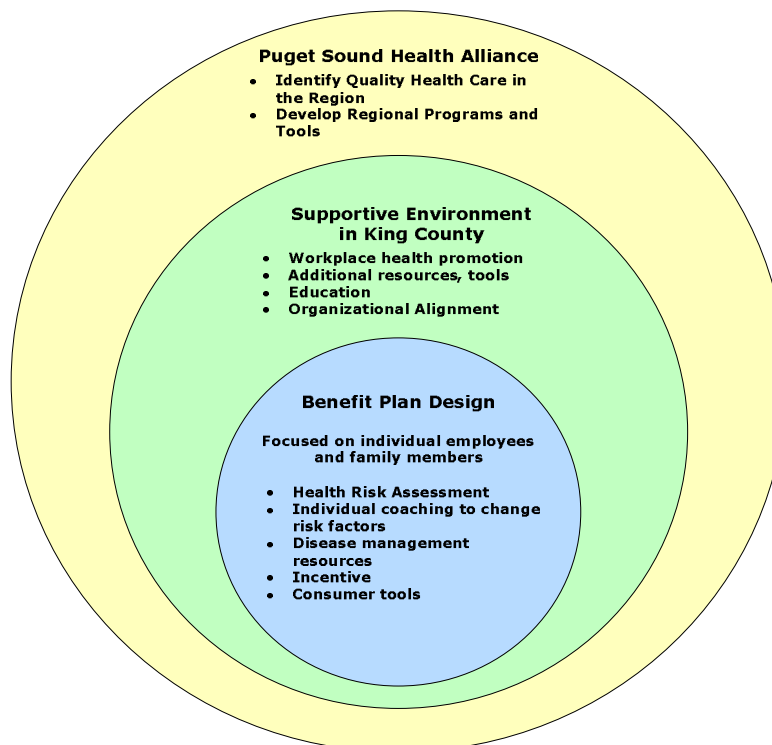
Programs to Reduce the Demand for (or Use of) Health Care

- The Healthy IncentivesSM benefit plan design helps employees and their families build good health behaviors and manage chronic conditions more effectively.
- “Healthy workplace” programs include efforts to educate employees about health and the wise use of health care resources, as well as workplace activities to support physical wellness, healthy eating, and preventive care (such as annual flu shots).

Programs to Moderate Costs of the Health Care System (the Supplier)

- The Puget Sound Health Alliance (PSHA) brings about changes in the health care system to improve the quality of care and reduce health care costs. PSHA promotes coordination of care across providers, encourages the use of evidence-based treatment guidelines, and has created a system of quality measurement used by all providers, health plans and health plan sponsors in the region.

The figure below depicts the HRI’s integrated design.



Purpose of the Peer Review Panel

In order to ensure that the HRI's program strategies and evaluation methods are on target and to identify opportunities for improvement, the county invited a group of local health care experts to review the draft Fourth Annual Measurement and Evaluation Report and share their perspectives with staff from the Measurement and Evaluation Committee, Executive Office, HRI Program, and the Joint Labor Management Insurance Committee (JLMIC).

The panel held a facilitated half-day session to discuss the initiative's progress, the quality of the evaluation, and future opportunities for program improvement. More specifically, the panel discussion focused on three main questions:

- What can be learned from the 2009 Measurement and Evaluation Report regarding the effectiveness of the HRI program design and implementation?
- What changes could the HRI make to increase its effectiveness?
- How could the Measurement and Evaluation Committee refine the evaluation methodology to produce more sophisticated information for program improvement?

Building on the Results of the 2006 Peer Review Panel

The panel that convened in July 2009 was the second peer review panel brought together to assess the initiative and make recommendations for its improvement. In 2006, the county sponsored the first peer review panel to assess whether the HRI's strategies were in alignment with its intended goals of improving employee and dependent health and slowing health care cost increases. At that time, the five panelists agreed that early measurement and evaluation results were promising.

The 2006 peer review panel also made a number of recommendations to the HRI leadership regarding both program and evaluation-related improvements. HRI staff carefully assessed the feasibility of each recommendation and implemented many of them between 2006 and 2009.

(For a full list of the recommendations made by the 2006 panel and greater detail about the associated changes made to the HRI program, please see the Appendix.)

"It sounds like you guys understand the importance of communications--you can have the best program in the world, but if employees don't know about it, it's worthless."

For example, key panel recommendations at that time included changes in the HRI's measurement and evaluation design. The panel recommended tracking biometric and intermediate measures, such as changes in physical activity, tobacco cessation, and flu shots, in order to better understand the HRI's impact on employees and their dependents' health status and actions. HRI staff successfully implemented these recommendations and created additional sources of data that informed the Fourth Annual Measurement and Evaluation Report and the 2009 panel's review.

The 2006 panel also recommended improvements in the county's work environment to better support employees' health. These recommendations included maintaining employees' motivation with a diverse set of events and activities. The HRI program responded to this recommendation with a wide range of events, competitions, and groups, such as Weight Watchers at Work®, the Live Well Challenge, and the creation of an activity center with workout equipment. The county also implemented the panel's recommendations to promote generic medications and expand communications and outreach.

In addition, the panel made several recommendations that the county evaluated but did not implement for various reasons, including feasibility and cost. Recommendations that were not implemented included

identifying peer groups for comparison, considering an onsite medical or pharmacy provider, implementing disease screening for high-risk populations, and developing a peer coaching program.



Key Findings: 2009 Independent Peer Review Panel

Members of the 2009 Independent Peer Review Panel began the discussion with a focus on the soundness of the HRI's program design. Next, panelists tackled opportunities to improve program quality, concluding with an exploration of how to sustain outcomes over the long-term. The following questions structured their conversation:

- What can we learn from the HRI's first three years of operation regarding the importance of the integrated program design in achieving the program's intended outcomes?
- What changes could the HRI make to the program design and/or implementation methods to increase the initiative's effectiveness and sustain its results over the long term?

The panel members displayed their in-depth knowledge of workplace health promotion and effective evaluation methodology and had thoroughly prepared for the session. As a result, the group's discussion yielded a trove of excellent findings and recommendations that HRI Program staff can employ to improve the program and its evaluation.

The Effectiveness of the HRI Program

The panelists held an animated and wide-ranging discussion regarding the impact of the HRI on its intended outcomes. The findings below represent consensus among panel members regarding the key program effectiveness findings.

"I think, actually, your results are amazingly good."

The HRI's Results to Date are Impressive

The HRI is a well-designed and effectively implemented program that is achieving excellent results, not only in relation to progress on the key health indicators and the slowing of cost increases, but also in terms of employee participation.

Employee Risk Profiles Are Improving

The evaluation results indicate that the HRI has helped employees improve their risk profile in 12 out of 14 risk factor categories. This is a particularly significant accomplishment given the county's aging work force. The HRI has been successful in helping employees maintain an improved risk profile as they age.

"The HRI maintained the risk profile for an aging population--that's huge."

Long-term Health Issues Will Take Time to Result in Lower Costs and Utilization

While the HRI program's results have been impressive to-date and show promise in short-term and intermediate measures of health and activity, long-term health issues will take time to register an impact. It will take more than five years to see the impact of changes in employee behavior, e.g., improved employee health and reduced treatment costs related to employee utilization of recommended health screenings.

"I was totally impressed by the cost data."

Health Care Costs Are Growing at a Slower Rate

Because health care costs are so large in scale, even small decreases in their rate of growth can result in large expenditure reductions over time. Therefore, King County's

8.8% increase in health care costs, rather than the 10.8% that was projected, represents a significant accomplishment.

Opportunities to Extend the Benefits of the HRI Program

Following its discussion regarding the HRI program's effectiveness, the panelists turned their attention to opportunities to enhance the program as it moves forward. Once again, the panel members' expertise enabled them to identify an important set of findings and recommendations. The group agreed that these issues are essential for the HRI Program to address in order to more fully achieve its purpose.

Regain the Cutting Edge

When the county launched the HRI program in 2004, it was a leader in the field. The industry is now much more sophisticated and offers tested methods for improving employee health and containing health-related costs. In order to gain from the experience of other programs, HRI staff should research the new promising practices other employers are implementing—for example, a number of cutting-edge employers now conduct more data-driven outreach strategies and integrate more of their health-related responsibilities.

Delve Deeper into the Data to Better Target Interventions

In order to continue to make gains in both employee and dependent health status and cost containment, the program needs to better

understand the characteristics of those people who do not participate in the HRI and the barriers to their participation. For example, 10% of employees do not take the health risk assessment (HRA). These individuals represent an opportunity for the program to increase its effectiveness by engaging nonparticipating employees, and potentially their dependents, who may have significant health risks and/or conditions.

"Unfortunately, when times get tough, communications is one of the first things to get cut, when it's one of the most important."

Similarly, the program lacks sufficient data to know whether the Healthy IncentivesSM benefit plan has an adverse impact on particular employee groups, such as those who do not speak English as a first language. This limits the effectiveness of the program's communications strategies in reaching out to different groups and educating them about the financial impacts of failing to take an HRA or complete an individual action plan, and increases the financial burden on these employees.

The HRI should use data not only to better understand non-participants, but also to inform the focus of the program and to redesign and improve its strategies. Using data to reshape and hone the HRI's strategies will help the program continue to improve its results concerning medical costs and productivity.

Gaining a Better Understanding of Dependents Is an Important Next Step

The HRI needs more sophisticated information about dependents' health status and their health care utilization, as well as their contribution to the county's costs. More information about dependents' actions and interests would help the HRI better tailor its outreach to this group.

Create Incentives for Addressing Chronic Conditions

The existing incentive structure of the HRI is heavily focused on the wellness end of the health continuum. Although there are interventions for disease and chronic condition management, there are no incentives that encourage employees and their dependents to adhere to recommendations for managing these conditions. Employers in the forefront of best practice employee health initiatives are implementing value-based insurance designs that actively reward members who adhere to recommended treatment plans for chronic conditions. King County should consider adopting this type of approach.

Research Integrated Approaches to Health-related Benefits and Services

King County is only dealing with the tip of the iceberg by not taking an integrated approach to its health care and disability management programs. The panel indicated that a typical employer has an estimated 10% of its work force on disability at any one time. These employees often do not receive case management services and may account for 30% to 50% of the employer's total health care-related expenditures.

The state-of-the-art among employer-based health improvement and cost containment initiatives now calls for integrating short- and long-term disability, health promotion, health insurance, sick leave, and absenteeism efforts in an integrated system of services and data tracking. This type of integrated approach requires an in-depth understanding of the connections among these benefits and services, as well as their costs. A first step toward developing this type of analysis would be for the county to create a data warehouse that includes information on all of these programs. (*See the Recommendations section.*)

Create Collaborative Opportunities for Vendors

The HRI contracts with multiple vendors to deliver its health interventions. There are likely opportunities to increase the HRI's effectiveness by bringing the individual vendors together and encouraging them to build collaborative interventions. For example, integrating all of the behavioral health interventions scattered throughout the existing programs may be a good arena for collaboration among vendors.

Strengthen the Policy Framework around Health

The county needs to develop a clearer policy commitment to support improved employee and dependent health and the associated interventions necessary to achieve these results. Without this policy commitment, it can be difficult for the HRI to surmount reluctance among individual managers to implement workplace improvements that support employee health and to address roadblocks or slowdowns in implementation.



Recommendations

Once the panel members had thoroughly discussed their findings regarding the HRI's effectiveness and the associated opportunities for program improvement, they worked together to develop a set of recommendations. These recommendations fall into two main categories:

- Recommendations concerning program design and implementation
- Recommendations related to measurement and evaluation of the program

HRI Program Design and Implementation

King County Should Invest the Time and Resources Needed to Take the HRI to the Next Level

The HRI is a well-designed program that has produced excellent results to date. However, without building on this investment through continually improving the program, these results will likely taper off. Implementation of the following measures would help the HRI leverage its current investment to garner even greater overall gains in health and cost management.

"You need to make a really big investment in HRI-type programs to have any hope of achieving sustainable cost changes."

Research and Implement Evidence-based Strategies

The field of employee health management is evolving and more evidence-based programs and interventions are being developed by employers to achieve health status and cost trend improvements. These new approaches make use of data to more fully understand and engage subgroups such as dependents, employees who are not currently participating in the program, and others. Specifically, the HRI should use its data to identify and implement evidence-based approaches that:

- Sustain employee improvements in the key biometric indicators that have shown good progress
- Improve dependents' results on the key biometric indicators and utilization outcomes
- Add online shared decision-making tools for employees and dependents to use to prepare for making health care decisions in consultation with their providers
- Continue customization and increase the sophistication of the program to address the interests and needs of specific sub-populations within the county workforce
- Tailor physical activity interventions by worksite
- Increase employee productivity, including approaches that address the impact of dependents' illnesses on employees' work—these approaches could include in-person or virtual support groups for employees taking care of an ill partner
- Explore the correlations between absenteeism and specific health conditions
- Utilize the HRA as a method to raise awareness among and engage employees and their dependents in health-related activities, such as flu shots
- Improve the effectiveness of mid-level managers as change agents who have a key role to play in improving employee health and slowing increases in county health care costs

Develop Approaches to Address High-cost Conditions

Greater focus on the causes of high-cost claims and the development of enhanced programs to manage these claims and conditions will help the county to tailor its incentives and interventions to improve adherence to disease management protocols—ultimately improving health and lowering costs. The HRI should analyze sick leave data together with claims data to better understand the connections between health care costs and loss of productivity for specific conditions and use the information to target its interventions to maximize return on investment.

Conduct a Feasibility Analysis Regarding Integrated Approaches to Health-related Programs

The HRI should develop a business case describing an integrated approach to health care and short- and long-term disability-related programs and costs. This holistic approach has been implemented with success by other employers in the forefront of efforts to improve employee health and contain costs.

Fine-tune the Benefit Incentives Structure

The current incentives structure is well designed and provides a strong foundation for the program to build on. The HRI should continue to refine its incentives structure in order to produce more targeted results. Additional data analysis will help to identify those cost drivers that are most important in determining cost trends for the workforce. The HRI should target these key drivers with customized incentives, such as for adherence to disease management protocols. The program should be careful to implement incrementally any changes to the incentives structure that may result in increased costs for employees.

“Your 90% participation rate on the HRA is enormously impressive.”

Customize Outreach to Specific Groups

Additional investigation and analysis will help the HRI to better understand why some employees choose not to participate in the HRA or fail to complete individual

action plans, and therefore do not benefit from the incentive structure. For example, nonparticipants’ decisions may be motivated by personal choice, language barriers, inability to complete the tool, lack of computer access, fear, or other factors. Understanding these issues is important in enabling the HRI to develop more targeted outreach that can increase its high participation rates even further.

Set Participation Targets for HRI Programs

Going forward, the county may benefit from establishing targets for participation in HRI programs. Targets can be set at the level of specific interventions, such as the percentage of employees and dependents with diabetes who participate in diabetes disease management programs.

Require Collaboration among Vendors

King County should explore building incentives into its vendors’ contracts to encourage their collaboration on design and implementation of services. This will help to focus vendors on supporting the achievement of the HRI’s overall goals rather than measuring the outputs of their individual interventions alone. Particularly, the HRI should push care management vendors to focus more strongly on improving employee engagement and incorporating evidence-based practices.

Bring Together the Peer Review Panel to Inform Each Year's Evaluation

Convening the Independent Peer Review Panel at the beginning of each year will assist the HRI in identifying the key issues to cover in the annual Measurement and Evaluation Report, as well as generate new ideas for program improvement.

Keep Working Collaboratively with Labor

Measures of employee satisfaction with the HRI are strong and suggest that the HRI brings significant benefits that improve the well-being of employees. The HRI should continue its partnership with labor around improving employee health and containing health care costs.

HRI Program Evaluation

Shift the Evaluation to a More Tactical Approach

"One of the neat things about the program is that everybody gets something out of it."

To date, the evaluation has focused on big picture measures, looking at results for large population groups and the workforce as a whole. Going forward, the evaluation should adopt a tactical approach that generates data that informs the program about more specific issues, e.g., the characteristics of subgroups and the impact of the HRI on their health and health-related costs.

The HRI will need to enhance the sophistication of its evaluation methodology to generate this type of information. Specifically, enhanced data collection and analyses should enable the county to develop effective program enhancements to:

- Refine the incentives structure based on the impact of specific cost drivers on the county's health care cost trends
- Address the differential impact of specific cost drivers in terms of spending, e.g., pharmacy, sub-pharmacy, etc.
- Clarify the relationship between specific program interventions and specific clinical outcomes
- Compare the county to other high-performing employers on a set of standard health status, health care utilization, and cost benchmarks
- Project how employees' health status and associated health care costs would have changed without the HRI program's interventions
- Analyze health care utilization, including dependents' utilization patterns and trends
- Identify the distinguishing characteristics between those employees and dependents who participate in different HRI programs and those who do not
- Measure employees' and dependents' satisfaction with HRI interventions
- Assess the impact of Puget Sound Health Alliance products on employees' selection and utilization of specific health care providers
- Evaluate the results for employees making use of online shared decision-making tools once these tools are in place
- Calculate return on investment (ROI), i.e., analysis of the HRI's total costs per year in relation to annual changes in the county's cost trends

Pursue Data Integration

The HRI should consider using a third-party data warehouse to integrate the health-related data now housed in separate databases. This would help the HRI to overcome the issues related to HIPAA regulations protecting health information that currently keep the program from integrating data. The integration of data would enable the HRI to conduct more sophisticated and customized analyses that could link multiple employee and dependent characteristics with program participation patterns, as well as health status and utilization results. Integrated data made available through a third-party data warehouse would allow the HRI to identify benchmarks and correlations based on combinations of multiple types of data, such as sick leave, HRA results, health care utilization data from claims, health management results, and employee survey results.

Expand Employee Feedback

The HRI should implement strategies to increase the percentage of employees and dependents that provide feedback about the program. While the response rates for the HRI's satisfaction surveys are acceptable at approximately 40%, it would be beneficial to be sure that the program captures information from specific subgroups that may be isolated by their work locations, hours, or languages.

Strategies to increase feedback could include holding a series of focus groups with employees at different worksites and in various job classifications to hear directly about their perceptions of the program, their reasons for participating or not participating, and ideas for program improvements. These surveys should take place prior to the development of the annual employee and dependent satisfaction surveys and provide insights about the key issues that the surveys should cover.



The Independent Peer Review Panel was impressed with the HRI's success, including its improvements in health indicators and cost trends and its high participation rates. Panelists encouraged the county to build on its strong foundations and leverage its investment to create an even stronger program that equals those of cutting edge employers throughout the country.

Building capacity for more sophisticated data analyses will help the HRI move to the next level. With a more nuanced understanding of its impact on different populations, the HRI will be able to respond with increasingly sophisticated outreach and engagement messages, incentives for participation, and health promotion and disease management interventions.

This commitment to improving the HRI, along with the ability to measure its impact, will position the county to make continued progress toward meeting its goals of improved employee health and a slower increase in its health-related costs.



Evolution of the King County Health Reform Initiative 2005 – 2009

1 st Year (2005 data) Measurement & Evaluation “Baseline”	2006 Peer Panel recommendations	2006 – 2009 HRI program changes	4 th year (2008 data) Measurement & Evaluation results
Benefit design <ul style="list-style-type: none"> • Incentive based • Preventive services free • Health risk assessment • Individual action plan • Disease management 	<ul style="list-style-type: none"> • HRA: add biometric measures • Add “intermediate measures” i.e. physical activity, tobacco cessation, flu shots, stress, member satisfaction etc. • Measure productivity • Identify peer groups for comparisons • Consider onsite medical/Rx • Examine disease screening for high risk populations • Consider peer coaching 	<p><u>Panel recommendations:</u> <u>Add biometric measures</u></p> <ul style="list-style-type: none"> • Biometric measures added to HRA <p>Add intermediate measures, add productivity</p> <ul style="list-style-type: none"> • Intermediate measures included in early M&E. • Adopted four areas of measurement (Goetzel) <ul style="list-style-type: none"> - Change in risk profile - Change in burden of risk affected by behavior - Change in healthy hours worked (productivity) - Analysis of costs/ROI • Evaluated, not implemented • Evaluated, not implemented • Not implemented • Not implemented 	<ul style="list-style-type: none"> • HRA: avg. 90% participation • IAP: avg. 86% participation • Improved 12 out of 14 Behavior/biometric risk factors • Reduced use of health care for 3 out of 5 conditions impacted by behavior change. • Smoking decreased 3.9 points (10.1% – 6.2%) • No change in absenteeism 2006-2009 • Growth in health care costs \$18 million less than projected (11% to 9%)

1 st Year (2005 data) Measurement & Evaluation “Baseline”	2006 Peer Panel recommendations	2006 – 2009 HRI program changes	4 th year (2008 data) Measurement & Evaluation results
Supportive environment <ul style="list-style-type: none"> • Healthy Workplace programs • Organizational alignment • Robust communication 	<ul style="list-style-type: none"> • Maintain motivation: add events, competitions, peer support groups • Promote and measure generic Rx • Expand communications messaging and outreach to new forms (web, etc.) • Expand outreach to dependents and external stakeholders 	<p><u>Panel recommendations:</u> Maintain motivation: add events, competitions, peer support groups</p> <ul style="list-style-type: none"> • Weight Watchers @ Work • Live Well Challenge • PEPS: early parent support groups • Gym discounts • Flu shots/Health fair • King County Walks Week • Bike to Work Month • Farm to Work pilot – fresh produce delivery to county office building • Free Activity Center with workout equipment and room where exercise classes meet • Logon & Learn: online decision support tools • Healthy snacks in vending machines 	<ul style="list-style-type: none"> • Weight Watchers: Over 10,000 lbs lost • Live Well Challenge: 1,000 annual participation • 2 groups, 12 participants total • 29 gyms offer an average 20% off at 138 locations • Flu shots to 33% of target population. • 1,300 participants walked 11 million steps during highest annual event • 2009: 180 people biked to work in 37 teams

1 st Year (2005 data) Measurement & Evaluation “Baseline”	2006 Peer Panel recommendations	2006 – 2009 HRI program changes	4 th year (2008 data) Measurement & Evaluation results
<p>Supportive environment (cont)</p> <ul style="list-style-type: none"> • Healthy Workplace programs • Organizational alignment • Robust communication 		<p><u>Panel recommendations:</u></p> <p>Promote generic Rx</p> <ul style="list-style-type: none"> • Choose generics promoted through campaign, lower co-pay differential <p>Expand communications messaging and outreach to new forms (web, etc.)</p> <ul style="list-style-type: none"> • Paper and web-based monthly newsletters • Employee focus (“Health Heroes”) • Video <p>Expand stakeholder outreach</p> <ul style="list-style-type: none"> • Enhanced web sites including “toolkit” for stakeholders • Health Promotion Leadership Committee representing all departments • Stakeholder list with more than 200 names from the region and across the country • Steering committee for Live Well Challenge representing all departments • Healthy Building Committee (Chinook Building, with tenant department representatives) 	<ul style="list-style-type: none"> • Rx Generic Fill Rate up 7.6% (to 65%) • Online newsletter: 40,000 hits since Jan 09 • National Recognition: <ul style="list-style-type: none"> ○ American Heart Assn. Fit Friendly Platinum designation ○ National Association of Counties Achievement Award ○ Seattle Magazine best places to work ○ Numerous speaking engagements

1st Year (2005 data) Measurement & Evaluation “Baseline”	2006 Peer Panel recommendations	2006 – 2009 HRI program changes	4th year (2008 data) Measurement & Evaluation results
Puget Sound Health Alliance <ul style="list-style-type: none"> • ID quality care in region • Clinical guidelines • Public reports 	Not reviewed	<ul style="list-style-type: none"> • Comparison reports published • Clinical guidelines on generics, back pain, diabetes and heart published • Promoted to employees & dependents • Used for benefit plan design 	<ul style="list-style-type: none"> • Public comparisons of 200 medical clinics on diabetes, heart disease, depression, low back pain and asthma; adherence to evidence-based guidelines for prevention, generics • 40 hospitals rated on health outcomes (e.g., heart attack, pneumonia, surgery, etc.) • Private reports to large purchasers, including King County, w/results for key health outcomes
Other	<ul style="list-style-type: none"> • Partner and test HRI principles with corporate sector 	<ul style="list-style-type: none"> • Not implemented 	